

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/07/2018 12:29
Date Of Accident	16/07/2018 18:40 ✓
Exact Location Of Accident	JUNCTION OF CECIL STREET & MARINA BOULEVARD ✓
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC4544H
Insured/Policyholder	
Name Of Registered Owner	HSS ENVIRO PTE. LTD.
Co Reg No	201001582R
Email Address	ADMIN@KKLE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68978787

Vehicle Particulars

Manufacturer	SCANIA
Model	P340-11.7 D 4X2 (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

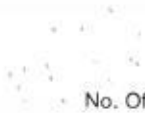
Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1924060
Cover Note Number	

Driver

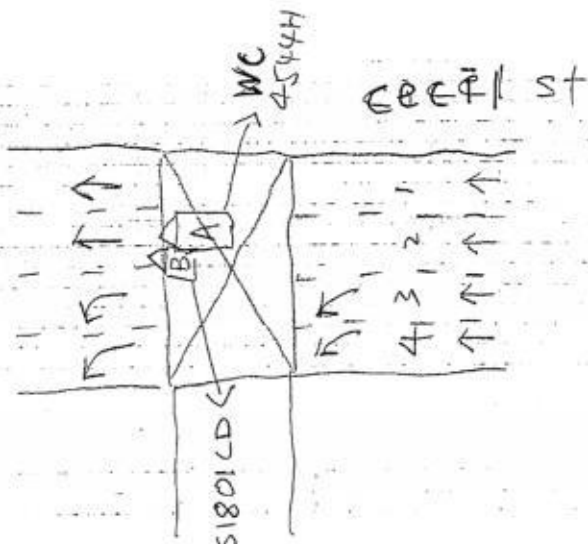
Name of Driver	GANAPATHI SENTHIVEL
Passport No/FIN	F8246027Q
Date Of Birth	10/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84338883
Fax Number	
Contact Number	
Email Address	NOEMAIL

Condie



No. Of Passenger (Including Driver)

SKETCH PLAN



Accident Date & Time : 16/7/2018 at 18:40 hrs.

Accident Location :

please refer to police report.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

* IMPORTANT NOTE:

*** IMPORTANT NOTE:**
You had been advised by U.S. worksheet # 2 that in the event that you wish to claim against your own policy (Your Damage Case), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated time frame to be eligible for coverage.

Policyholder's Signature *SSW*

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180718/2048

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180718/2048

CONTINUATION OF REPORT

Driver			
Name	MOHAMED YUSOFF BIN ABDUL JALIL		ID No. S1299483D
Related Vehicle	S1801CD (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GANAPATHI SENTHIVEL		ID No. F8246027Q
Related Vehicle	WC4544H (Lorry)		Contact No. 84338883
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/07/2018, at around 1840hrs, I was driving my vehicle bearing the registration plate number WC4544H along Marina Boulevard heading towards Cecil St. As I approach the junction of Marina Boulevard and Cecil St, I was preparing to turn left into Cecil St. While turning, I felt an impact on the left side of my vehicle. Thus I drove to the side of the road and came out of my vehicle to make a check and discovered that a vehicle bearing the registration plate number S1801CD had collided with my vehicle.

No one was injured from the accident. No police or ambulance arrive at the scene. I exchange particulars with the other driver. My vehicle suffers slight damage on its front left wheel while the other vehicle suffers slight damage on its front body.

Thereafter, I informed my boss about the accident. He informed that the other vehicle was an embassy car and instructed me to lodge a police report.

I wish to state that my vehicle have an dash cam which was recording but it was not facing the direction of the accident.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

19 JULY 2018

**HSS ENVIRO PTE LTD
BLK 13 OLD AIRPORT ROAD, #01-57
Singapore 390013**

Dear Sir,

**OUR REF : CC4/ASM18013072/T1fb3
YOUR REF : WC 4544H**

**ACCIDENT INVOLVING WC 4544H & S 1801CD ALONG UPPER PICKERING ST
TOWARDS CECIL ST ON 16/07/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to pohkin@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 2132 if you have any further enquiries.

Yours sincerely,
Claim department

This is a computer generated letter and no signature is required.

CC: AXA INSURANCE PTE LTD



PROCEED DS

Type

🔗 Question

Message

OI's AVF attached (1) Please obtain ID's D/L and check the validity of ID's D/L - refer to policy attached / All Claims Excess \$2000 is applicable for ID's d/exp less than 1 year

Reply

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1582R
Vehicle Details	
Vehicle No.:	WC4544H
Vehicle to be Exported:	Yes
Intended De-registration Date:	14 Aug 2018
Vehicle Make:	SCANIA
Vehicle Model:	P340CB6X4MHZ
Primary Colour:	Multi-Colour
Manufacturing Year:	2011
Engine No.:	6665213
Chassis No.:	XLEP6X40005262902
Maximum Power Output:	-
Open Market Value:	\$143,892.00
Original Registration Date:	04 Aug 2011
First Registration Date:	04 Aug 2011
Transfer Count:	0
Actual ARF Paid:	\$7,195.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,590.00
COE Rebate Amount:	\$12,296.00
Total Rebate Amount:	\$12,296.00

The information contained herein is correct as at 14 Aug 2018

OK



<S8M00OVJ> IA with mandate uploaded.

Type

🔔 Question

Message

Liability: Insured driver encroached to third party lane and collided to third party vehicle while crossing the junction. Liability is down against our insured driver. We did clarify with PIC of insured company the nature of the accident and agreed to settle and aware NCD (if any) is affected. E-mail letter to OI to notify TP claim, request OID D/L and excess amount on 15th August 2018. Immediate Advice (with mandate) have been uploaded in SMART CLAIM. Propose settlement amount is between \$ 6,338.89 to \$7,852.99. All the relevant documents had been uploaded in SMART CLAIM. For your kind attention and instruction. Thank you-Pohkin
15/08/2018

Reply